

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Box ISSUE FEE
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 7590 05/03/2002

KARL G HANSON
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Karl G. Hanson (Depositor's name)
 (Signature)
 8-5-02 (Date)

APPLICATION NO. 08/903,677	FILING DATE 07/31/1997	FIRST NAMED INVENTOR CARL E. HANSON	ATTORNEY DOCKET NO.	CONFIRMATION NO. 2502
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TITLE OF INVENTION: METHOD OF TREATING CHEST PAIN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$640	\$0	\$640	08/05/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, DINH X	3626	128-898000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
 2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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(Authorized Signature) Karl G. Hanson (Date) 8/5/02
 Karl G. Hanson \$32,900

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